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Menopausal Menace amongst Post-Menopausal Rural Women of Central India

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ABSTRACT

Introduction: This study was done to evaluate the approach of rural women towards post menopausal symptoms to see that how much they get affected by menopause. We studied a few common symptoms like vasomotor symptoms, symptoms affecting bones and joints, depressive mood, urinary problems, sexual desire and vaginal dryness.

Material Method: A prospective cross sectional study carried out in AVBRH wardha over a period of 6 months. This Study includes 100 post menopausal women from rural background between the age group of 45-60 years. These women were studies on the basis of detailed history, examination and a questionnaire.

Results: Our study suggested that the average age of menopause in rural women is around 47.3 years, most of them are married and multigravida, had completed their primary education, among all the symptoms studied most of them complained of symptoms related to bones and joint.

Conclusion: Rural women attain menopause nearly around 47 years of age. Most of them do not appreciate menopausal symptoms or seek advice for the same. It may be because of lack of awareness or heavy physical activity which doesn't give them sufficient time for themselves. Improper compliance by patients on recommended lifestyle changes and medication is another issue.

Keywords: Post menopause, Menopausal, Rural, Urban, Menopausal symptoms.

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INTRODUCTION

The menopausal phase can be physically and emotionally unsettling in a woman's life. Evidence has shown that a woman's ability to cope with the stresses of menopause can be enhanced through education and social support, yet there is a paucity of research in relation to the experiences of menopausal women in rural areas, where access to supportive services is often limited [1].

With the increasing life expectancy a women spends almost 1/3rd of life in menopause. Menopause is when either cessation of periods for 12 months or cessation of ovarian function resulting in permanent amenorrhoea. Usually occurs more or less in midlife, indicating the end of the reproductive phase of a women's life. In developing country the mean age of menopause is 44-45yrs. There is a drop in the levels of estrogen and progesterone. It results from the loss of follicular activity of the ovaries .Some women experience mild problems and some women have

severe symptoms. The early symptoms are oligomenorrhoea, menorrhagia, metrorrhagia, irregular menses, hot flushes, insomnia, and mood changes. The intermediate symptoms are skin and vaginal atrophy, stress incontinence followed by late effects or osteopososis, coronary heart diseases, Alzheimer's diseases. Diabetes and Arthritis. These symptoms are because of decrease in production of oestrogens [2].

MATERIAL AND METHOD

A prospective cross sectional study was conducted in AVBRH Wardha, over a period of 6 months. This study includes 100 post menopausal women who came to the opd from rural background between the age group of 45-60 years. Detailed evaluation of all the patients was done on the basis of a detailed history with age, marital status, age of menarche, complaints regarding menopause, obstetrics and gynecology history, with physical examination of weight, height, blood pressure and general examination was done. All the patients were asked to fill out the MRS questionnaire which had 3 components related to psychological urogenital and somatic symtoms.

All the women who fit into the inclusion exclusion criteria were taken-

Inclusion criteria:

- Women of age 45-60 yrs.
- Those who have attained menses within 10 yrs.
- Those who have attained Natural Menopause.
- Those who are willing to give consent.

Exclusion criteria:

- · Women with Induced Menopause.
- Women with Chronic Diseases like Diabetes
- Mellitus, Chronic Heart Diseases, etc
- $\bullet \quad \hbox{Women with Neurological Disorders}.$

Statistical Analysis:

Data were analysed by using appropriate statistical method i.e. t-test and chi-square test.

RESULTS

Data obtained from 100 women out of which a total of 43% women were between 45-50 years women, from the 36% belonging to between 50-55 years,21% were between 55-60 years. Out of the 100 women 96% of these women were married and 4% were unmarried. It was found 31% of these women were illiterate, 54% managed to get primary education, while only 15% had completed secondary education. From the 100 women 86% of these women were multiparous, 11% were primigravida, 3% were nulligravida (Table1).

DEMOGRAPHICAL CRITERIA	PERCENTAGE OF WOMEN	NUMBER OF WOMEN
45-50 YEARS	43%	43
51-55 YEARS	36%	36
56-60 YEARS	21%	21
Married	96%	96
Unmarried	4%	4
Illiterate	31%	31
Primary Education	54%	54
Secondary Education	15%	15
Nulligravida	3%	3
Primigravida	11%	11
Multigravida	86%	86

There were various postmenopausal symptoms that concerned both urban and rural women like various physical, psycological, urogenital or sexual

Percentage of women with Physical symptoms which includes- vasomotor symptoms which were in about

45%, women with symptoms affecting the bones and joints were about 70%, women with sleep disturbance were 38%, and palpitation or heart symptoms were seen in 27% women (Table 2).

PHYSICAL FEATURES	PERCENTAGE OF WOMEN
Vasomotor	45%
Bones and Joints	70%
Sleep Disturbance	38%
Heart(palpitations)	27%

TABLE2: Vasomotor Symptoms.

Enlists Psycological symptoms which includes depressive mood which was seen in 36% women, irritability was seen in 22% women, sypmptoms like anxiety was found

in 28% ,and women who complained of exhaustion were 57% (Table 3).

PSYCHOLOGICAL SYMPTOMS	PERCENTAGE OF WOMEN
Depressive Mood	36%
Irritability	22%
Anxiety	28%
Exhaustion	57%

TABLE3: Psychological Symptoms.

Women with Urogenital or sexual features which includes overall 32% women, dryness of vagina was seen

in 45% women, complaints of decrease libido in 68% (Table 4).

UROGENITAL/SEXUAL SYMPTOMS	PERCENTAGE OF WOMEN
Urinary problems	32%
Dryness of vagina	45%
Decrease Libido	68%

TABLE4: Urogenital/Sexual Symptoms

DISCUSSION

The menopausal phase can be physically and emotionally unsettling in a woman's life. Evidence has shown that a woman's ability to cope with the stresses of menopause can be enhanced through education and social support [3].In our society there is a lack of awareness regarding menopause. A few women perceive menopause positively as relief from monthly periods, no contraception required, no pregnancy [4].

On the other hand some women perceive menopause negatively as, fear of old age, isolation & loneliness. Most of the rural women have a very active lifestyle because of which they don't get enough self time to be able to appreciate the menopausal symptoms thus they end up having less psychological symptoms and even though they have adequate sun exposure but because of poor over all nutrition maximum.

Of them complain of symptoms related to bone and joints. This study showed that most common age group of menopause was 47 years symptom in post menopausal women is muscle & joint pain in approx 70 % women. Then later comes Exhausion 57%, Hot flushes 45%, Dryness of vagina 45%, Depression 36%, Irritability 22%.73% of study population had atleast one or more post menopausal symptom.

Regarding the scoring of MRS, 23% were having real problem with score more than 16 which is cut off point to go for a gynaecologist. Rural women don't come out with or don't consult for postmenopausal symptoms. The most common age at which menopause was achieved was 48.3 yrs.

A similar study performed by Rita Aaron et al. in 2002 in kerela on 100 postmenopausal women suggested that menopause occurs earlier in rural women because of their high amount of physical labour and poor nutrition [5].

A study was done in 2014 by Dr. Alaknanda Das et al. where she studied 200 women to determine their awareness and attitude towards menopause and found that the women who were illiterate or had low income were more likely to experience the post menopausal symptoms much more. And women of such strata kept on suffering and bearing rather than seeking help because of lack of knowledge , poor income, poor nutritional

status.In 2009 similar study by Saagdeo and Arora et al. studied 250 rural women and showed that rural females usually do not report the problem as it is social taboo to discuss the reproductive & sexual health.In 2009,110 rural women were studied by Doyel Dasgupta and Subha Ray et al. and they found out that rural residence and duration of breastfeeding (in months) were the significant predictors of age at menopause. Also that since the rural women were less aware and had less resources that the dealt with symptoms for longer.

To help these women we can also preach modification of lifestyle, adding on yoga can also be helpful. Dedicated Menopause Clinic needs to be established in the current primary health care systems to help these women live a healthy and independent life.

CONCLUSION

It has been observed that women in our population attained menopause at an early age. Major part of life of these women is spent in post menopause. In our study population we found that most women appreciated bone and joint pain as primary symptom and emotional and behavioral symptoms were less prevelant. After asking some leading questions it was found out that prevalence of menopausal symptoms was due to lack of awareness and due to the fact that majority of them do not seek advice for these symptoms.

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REFERENCES

I. Takahashi TA, Johnson KM. Menopause. Med Clin North Am. 2015;99(3):521–34.

- 2. Sagdeo MM, Arora D. Menopausal Symptoms:A Comparative Study in Rural and Urban Women. 2011;13(1):4.
- 3. rice SL, Storey S, Lake M. Menopause experiences of women in rural areas. J Adv Nurs. 2008;61(5): 503–11.
- 4. Santoro N, Epperson CN, Mathews SB. Menopausal Symptoms and Their Management.
- Endocrinol Metab Clin North Am. 2015;44(3): 497-515.
- 5. Aaron R, Muliyil J, Abraham S. Medico-social dimensions of menopause: A cross-sectional study from rural south India. Natl Med J India. 2002;15:14–7.